

# Nutrition and WIC Update

## *All Forms Can Fit*

*Adapted from information shared by the Canned Food Alliance*

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As we all know, there's been a steady call for Americans to increase their intake of fruits and vegetables as well as seafood and high-fiber foods, such as beans. New research shows canned foods can help families meet their dietary goals and often get the nutrition they need at a lower cost.

Published in the [Journal of Nutrition and Food Sciences](#), the study analyzed the cost per nutrient for canned, fresh, frozen and/or dried forms of common fruits, vegetables, beans and tuna. It found when price, waste and preparation time were considered, canned foods offered many nutrients at a comparable and often lower cost. This is a testament to the fact that all forms (canned, fresh, frozen and dried) can help Americans achieve important nutrients, while also saving time and money in the case of canned foods. Another benefit of canned foods is they do not require refrigeration or limited freezer space and have a long shelf life. WIC clients can purchase fresh, frozen or canned fruits and vegetables (not dried) with their Fruit/Vegetable Check.

The Canned Food Alliance also has a campaign called *Just Add One*. It is a simple, actionable way to add more fruits and vegetables to our diets. It is as simple as adding one can of fruits or vegetables to favorite foods and recipes, such as soup. Check out ideas on how to *Just Add One* at the Mealtime website listed below.

An [Executive Summary](#), [Fact Sheets](#) and hundreds of recipe tips and ideas for cooking with canned foods are among the many tools on [www.Mealtime.org](http://www.Mealtime.org) for you to use with your clients.



## *Infant Gastroesophageal Reflux and Breastfeeding Mother's Diet*

*As seen on the Pedsnutr listserve*

[From the Pedsnutr listserve] Q&A - GER and cow's milk in mother's diet

### QUESTION:

I have many breastfeeding mothers go dairy- and soy-free when their child has reflux. While this is not an unhealthy choice, it can be limiting to a breastfeeding mother's diet and I'd like to know if you have looked into this topic. How effective is this dramatic change in diet for the baby? I'm specifically interested in children who have reflux symptoms (GER) and no other GI issues such as blood or mucous in their stool, history of bowel resection, etc.

### RESPONSE:

Gastroesophageal reflux (GER) is present in virtually all infants. The spectrum of GER symptoms however is very wide and can range from an infant with GER that thrives and experiences no complications (physiologic reflux), to an infant with more severe GER complications such as failure to thrive, esophagitis, and even acute life threatening events (pathologic reflux or Gastroesophageal Reflux Disease (GERD)). Additionally GER can be secondary to infectious, metabolic, neurologic, and food allergy etiologies.

A review article in 2002 demonstrated a link between GER and cow's milk allergy (CMA) (1). The review article highlighted the overlapping symptoms of GER and CMA, including vomiting, regurgitation, wheezing, irritability, colic, etc. and summarized results of multiple studies that reach the conclusion that in just under 50% of cases of GER in infants <12 months of age there is an association with CMA. Because of this strong relationship it is recommended that pediatricians screen for CMA in all infants <12 months of age with GER. Because only a small percentage of food allergy is IgE-mediated and food allergy testing in infants is unreliable, clinical response to an elimination diet is typically what is used for diagnosis. Adverse reactions to soy occur in 10-67% of patients with proven CMA which is why semi-elemental or amino acid based formulas are indicated for an infant with CMA rather than a soy formula; and why breastfeeding mothers are typically instructed to eliminate both cow's milk and soy if allergy is suspected as the cause of the child's GER (2).

Breastfeeding mothers who undertake cow's milk and soy restricted diets, or any other restrictive diets, may be at nutritional risk. The diet adequacy of breastfeeding mothers avoiding a number of food allergens has not specifically been studied. The assistance of a dietitian is important in these situations to assist the mother in identifying and including alternative sources of the nutrients she loses with her restrictions. It is important to work closely with the infant's health care provider as in some cases maternal elimination may not result in significant improvement in the infant, despite good efforts (3).

### REFERENCES:

1. Salvatore, S and Vandenplas, Y. Gastroesophageal reflux and cow milk allergy: is there a link? Pediatrics. 2002;110(5):972-984.
2. Zeiger RS, Sampson HA, Bock SA. Soy allergy in infants and children with IgE-associated cow's milk allergy. J Pediatr. 1999;134:614-622.
3. Mofidi, S. Nutritional management of pediatric food hypersensitivity. Pediatrics. 2003;111(6):1645-1653.

## How Does Your Clinic Measure Up?

Patrice Thomsen, MS, RD, LD

Here are some common observations from Management Evaluations. Read them and see how your clinic measures up.

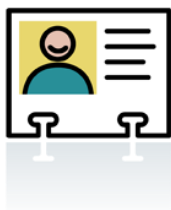
### Topic – Using Driver’s License as Proof of Residency

*Observation:* A mother’s driver’s license was accepted as proof of residency. Because it is not in the KWIC drop-down as a choice, the staff member documented “Other” in KWIC, with an explanatory note that the proof was her driver’s license.

#### *Correct Procedure:*

The document accepted for proof of residency must show the current address. Nothing really requires a person to get a new driver’s license when they move (even if they are supposed to get a new license with a correct address). It is not enough to just ask if the address on the driver’s license is current. “Driver’s License” is not in the KWIC choices for proof of residency because we don’t want it accepted. We have tried to list the types of proof that we expect might be shown, but do allow “Other” as the type of proof, with instructions that the specifics be documented in KWIC. We expect this would be some unusual thing that would rarely occur.

Refer to [CRT 05.00.00 Residential Eligibility and Proofs](#)



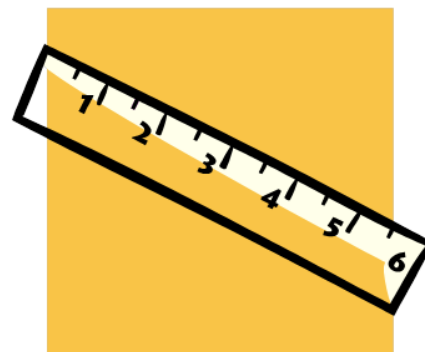
(It was a good thing that the clerk documented the specific item in a note after selecting “Other” in the drop-down list. Unfortunately, “driver’s license” is not an appropriate item to accept.)

### Topic – Using Social Security Card as Proof of Identity

*Observation:* A Social Security Card was accepted as proof of identity.

*Correct Procedure:* According to the Social Security Administration, Social Security cards are not to be used for identification purposes so it is also Kansas WIC policy. Therefore, the KWIC choices for proof of identity do not include “Social Security Card”. Similar to the previous item, staff should not select “Other” and use Social Security card as the proof of identity.

Refer to [CFT 04.00.00 Proof of Identity](#).



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### *How Does Your Clinic Measure Up?, continued*

#### **Topic – Vitamin/Mineral Fields on the Health Interview Screen**

*Observation:* Vitamin/mineral fields on the Health Interview Screen are all blank or Folic Acid and Iron checkbox information is inconsistent with other supplement documentation.

*Correct Procedure:* If the client is not consuming any vitamins or minerals, be sure to document “Vitamin/Minerals” as “No”. **Leaving the field blank means there was no assessment for the risk factor “Inappropriate Intake of Dietary Supplements.”**

Vitamins/Minerals ☐ Yes ☐ No

The Folic Acid checkbox should be marked if a woman is consuming a vitamin/mineral supplement that contains folic acid **or** a supplement with only folic acid.

Similarly, the Iron checkbox should be marked if a woman is consuming a vitamin/mineral supplement that contains iron **or** a supplement with only iron.

In this screen shot, the staff noted “pnv” (prenatal vitamin) which contains both folic acid and iron. Thus the fields are correctly completed.

Client ID 10773366	WIC	Category PG	Status Active
Health Interview	ATOD	Health Concerns	
<b>Medication/Supplement Use</b>			
Vitamins/Minerals Used in Past Month <input checked="" type="radio"/> Yes <input type="radio"/> No			
Folic Acid <input checked="" type="checkbox"/> Iron <input checked="" type="checkbox"/>			
Other			
Notes	pnv		

The principle is the same for the Infant and Child Health Interview. In this example we see the child is taking a multi-vitamin and mineral supplement with iron.

<b>Medication/Supplement Use</b>	
Vitamins/Minerals	<input checked="" type="radio"/> Yes <input type="radio"/> No
Iron	<input checked="" type="checkbox"/>
Other	
Notes	Flintstones multi vit/min

## *It Was Worth It!*

*Barbara Underwood, CBE, Clerk, Greeley County Health Dept*

I know you get lots of “stories,” but I wanted to share mine with you. I went to the WIC breastfeeding training a couple of years back when the clip was shown of the skin-to-skin time between newborn and mom—I was enamored. I came back to our office and said, “I want to go to the Certified Breastfeeding Educator (CBE) class.” Not so I could teach Breastfeeding but just so I could encourage young moms. When Deb Bocar’s CBE training came to Garden City in 2011, I got to go. It was great.

A little over a week ago a 35 year old mother-to-be (pregnant with her 5<sup>th</sup>) came by the office about some other WIC business. She has talked to Lisa (our RN) about breastfeeding all along but on this day, Lisa was gone and she mentioned to me her sincere hope she could do better than she had with her other children. I just felt like I could share that “clip” information with her and how it had affected me watching that baby “crawl” in its first few minutes of life outside its mother’s womb to find nourishment and latch on perfectly. I got all teary just telling her and she did, too. She was as touched as I had been seeing it. She asked if I thought that could happen for her. I said I thought it could, but she would have to tell the hospital people and be firm that that is what she wanted—time with her little girl right away after birth. She left the office saying she was going to try to do that.

Today she and her new baby came in for their first WIC appointment together. She could hardly contain herself when she saw me. She blurted out, “I did it—I did what you told me—I put the baby on my tummy and she crawled right up to my breast and latched on the first time.” She had ended up having a c-section and got really sick from the medication she took, but she still took the time to do the skin-to-skin the first time she was able to. Isn’t that wonderful? I got goose bumps and all teary again.

She then proudly said, “I think I’m really going to be able to nurse this baby.” And both Lisa and I said, “We know you’re going to, too!” She’s off to a great start. I held the baby while she did some paperwork for us and the baby began to “search” so as soon as I handed her back, Mom put her to breast. They were perfect.

I just wanted you to know. My CBE training was worth it if only for this one experience but I know there are and will be other victories that come from it. Thanks for letting me share my “story”.

P.S. I hope this story will inspire someone else to either go to the CBE training or offer encouragement to potential Breastfeeding moms. Also, I want to be clear that all breastfeeding education in our office is a group project. This little event between myself and the new mom-to-be came after RN Lisa had spent months preparing her with breastfeeding information and Healthy Start Home Visitor Wendi had also talked to her about final preparations before going the hospital, etc. So it was a multi-layered approach that all came together in the end.





## *2012 National WIC Association Conference, Reaching New Heights in WIC*

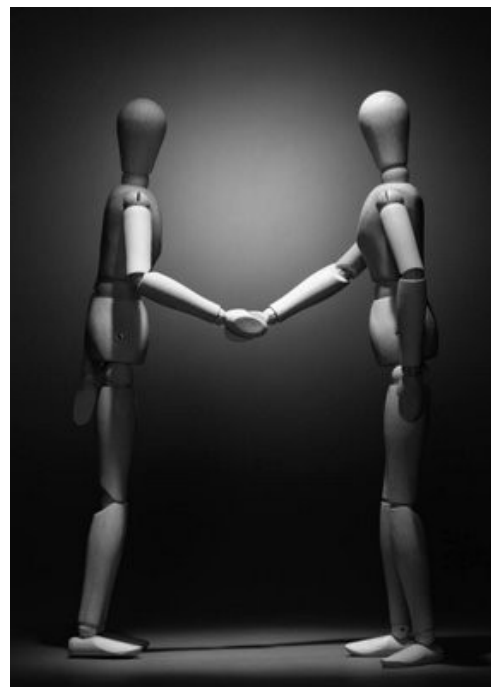
*Tracy Sabo, MS, RD, LD, Geary County WIC Coordinator*

The National WIC Association's Reaching New Heights in WIC conference showcased a variety of topics pertinent to WIC practitioners, as well as provided opportunities to network with other WIC programs. Some of the greatest knowledge I obtained was the difference between state programs. Some states use nutritionists and dietitians instead of nurses, some were mystified about not having EBT cards (how can we survive?), while others were similar to Kansas' program.



I attended several breastfeeding sessions since Geary County is exploring creative ways to increase initiation and duration of breastfeeding in our area. The breastfeeding educational session covered the most recent recommendations and benefits—skin-to-skin, understanding why breastfeeding fails, anticipatory guidance, and great need for support. One session, *Collaboration to Strengthen Community Breastfeeding Support: Agency Stories*, presented how different programs collaborated to improve breastfeeding support. One presenter discussed how her group worked with employers to allow breastfed infants to attend work with their mothers. Another worked with health care providers to improve breastfeeding education rates and duration.

There was one common thread among the programs—**collaboration between programs, disciplines, and people**. None of the programs were able to achieve their goals as an individual and credited their breastfeeding success to collaboration. The take away message from this seminar was how important it is to reach out to healthcare providers and programs already working with the target population for a greater impact for any health related information.



## Mobile App Reviews by RDs

*Article from the Academy of Nutrition and Dietetics website*



Thousands of diet and nutrition apps are available for phones and tablets ... so many, in fact, that there are apps to find apps. So when searching for the right apps to help you safely manage your health, don't make your selection based on the same criteria used to rate Angry Birds. Understand which apps are helpful and based on fact, not fad. Turn to the food and nutrition experts—registered dietitians—for science-based reviews of the most popular apps on the market.

Three Academy of Nutrition and Dietetics spokespeople have reviewed top-rated, free iPhone apps for those looking to lose weight, manage their diabetes or eat gluten-free:

- Marisa Moore, MBA, RD, LD, reviews the top-rated free iPhone apps for managing diabetes.
- Jessica Crandall, RD, CDE, reviews the top-rated free iPhone apps for gluten-free eating.
- Sarah Krieger, MPH, RD, LDN, reviews the top-rated free iPhone apps for weight management.

Ratings are on a scale of 1 to 5 stars.

### Weight Management App Reviews

Sarah Krieger, MPH, RD, LDN, reviews the top-rated free iPhone apps for weight management.

[Calorie Counter](#) Tracks food, exercise, weight and all the nutrients listed on a Nutrition Facts label. Includes daily inspirational articles, healthy recipes and an easy-to-understand Help section. RD Rating: 4 stars

[Calorie Counter & Diet Tracker by MyFitness Pal](#) Tracks a combination of fitness goals and nutrition analysis features to help you lose weight. RD Rating: 4.5 stars

[Calorie Counter by MyNetDiary](#) Allows user to personalize a calorie limit for weight loss, gain or maintenance. RD Rating: 3 stars

[Calorie Counter: Diets & Activities](#) Features a classic food diary that tracks calories, water, fitness and the time each food item is consumed and an option to create your own diet and physical activity plan and an Integrated Body Tracker. RD Rating: 4 stars

[Calorie Tracker by Livestrong.com](#) Food and fitness diary designed to help you achieve your diet and nutrition goals, whether you want to lose, maintain or gain weight. RD Rating: 4 stars

[Daily Burn](#) Keep track of calories consumed and track workouts to see how much energy is burned. RD rating: 2 stars

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### *Mobile App Reviews by RDs, continued*

[Lose it!](#) Keeps track of foods you eat with this detailed food database; primarily for people wanting to lose weight. RD Rating: 3 stars

[Sparkpeople Food and Fitness Tracker](#) Fitness and food tracker for people looking to lose a half-pound to 2 pounds per week or to maintain weight. RD Rating: 4 stars

[Weight Watchers Mobile](#) Follows the Weight Watchers plan step by step, using interactive tools, finding local meetings and creating shopping lists. Some parts are only available with a Weight Watcher's membership (paid membership). RD Rating: 2 stars

## **Diabetes App Reviews**

Marisa Moore, MBA, RD, LD, reviews the 10 top-rated free iPhone apps for managing diabetes.

[Bant](#) Designed to easily capture blood glucose readings and supply trend data for up to 90 days. RD rating: 4 stars

[Blood Sugar Tracker](#) Allows user to easily log blood sugar levels, set target blood glucose ranges, and view history and simple graphs to quickly identify numbers that are out of range. RD Rating: 5 stars

[Carb Master Free](#) Tracks carbohydrate intake plus total calories, fat, sugar, protein and fiber for the day. This app targets people with diabetes or those on a low-carb diet. RD Rating: 2 stars

[Diabetes Buddy Lite](#) Tracks factors that influence blood glucose levels: daily carb intake, glucose measures, medication, food and water intake. RD Rating: 2 stars

[Diabetes Companion](#) Includes complete nutrition facts for common foods, tons of recipes, informative videos, Q&A for common diabetes related issues and blood glucose tracking tools. RD Rating: 4 stars

[Diabetes Log](#) Allows user to easily track glucose readings, carbohydrate intake and insulin dosage by date. RD Rating: 2 stars

[GluCoMo](#) Allows user to track blood sugar levels, insulin intake and other health components like blood pressure and weight, activity and pulse. RD Rating: 4 stars

[Glucose Buddy](#) Users can manually enter blood glucose numbers, carbohydrate intake, insulin dosage and activities. RD Rating: 4 stars



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*Mobile App Reviews by RDs, continued*

[Vree for Diabetes](#) Includes blood glucose tracking, nutrition tracking, activity tracking, medication tracking, progress charts and blood pressure tracking. RD Rating: 5 stars

[WaveSense Diabetes Manager](#)

Tracks blood glucose results, carb intake and insulin doses. Features include a logbook, trend chart, email reports, color-coded results, video content and customizable target ranges for hypo/hyperglycemia limits and mealtime schedules. RD Rating: 4 stars

## Gluten-Free App Reviews

Jessica Crandall, RD, CDE, reviews the top-rated free iPhone apps for gluten-free eating.

[AllergyEatsMobile](#) Built by members of the food allergy community to rate a restaurant on how well it can accommodate to the needs of customers with specific food allergens. RD Rating: 2 stars

[CeliacFeed](#) Users can locate gluten-free restaurants and products and share gluten-free experiences and recommendations with others who have celiac disease or gluten intolerance. RD Rating: 2 stars

[Eating Out G-Free](#) Offers tips on how to find a gluten-free menu, create a gluten-free shopping list, lists of foods to avoid and how to stay gluten-free while dining away from home. Supplements *The G-Free Diet*, by Elisabeth Hasselbeck. RD Rating: 4 stars

[Find Me Gluten Free](#) Lists restaurants ratings and reviews based on how gluten-friendly the businesses are in the area. RD Rating: 3 stars

[Food Additives 2: Free](#) Provides information about additives (such as maximum daily intake, known and potential side effects) and how to avoid additives that are potentially dangerous or unsafe to your health. RD Rating: 2 stars

[FoodWiz](#) Used to scan and read product bar codes and find out which products meet needs based on specific allergen restrictions, such as eggs, gluten, dairy or shellfish. RD Rating: 1 star

[Gluten Free Daily](#) An online guide built to provide education and resources about following a gluten-free diet. RD Rating: 4.5 stars

[Gluten Free Restaurant Cards from CeliacTravel.com](#) Allows people managing celiac disease or gluten intolerance to safely and easily dine out, even in another country, with more than 40 card images in different languages. RD Rating: 2 stars

[Gluten Freed-Gluten Free Dining for Health and Celiac](#) Acts as a gluten-free restaurant finder for those with celiac disease or gluten intolerance. RD Rating: 3 stars

*iGlutenfree By i3G Software, Inc. is another popular gluten-free app, but is not rated here since it is a regional app.*

## *Local Agency News*

### **We welcome these new WIC employees:**

Barton County, Erika Gonzalez, Clerk  
Butler County, Dawn DeKnight, RN  
Dickinson County, LaVeda Montgomery, RN  
Douglas County, Frendida Zamora, Clerk  
Ft. Riley, Jamie Martin, Clerk  
Harvey County, Amber Childs, BFPC  
Riley County, Kelly Schleiger, RD

Saline County, Magda Rodriguez, Clerk  
Sedgwick County, Nataly Espinosa, Clerk  
Sedgwick County, Kaitlyn Starns, RD  
Sedgwick County, Keli Washburn, RN  
Shawnee County, MyKesha Douglas, Clerk  
Shawnee County, Angela Meyer, RD  
Wyandotte County, Gwendolyn Murphy, Clerk

### **Congratulations to:**

Ashley Hogan, RD, Sedgwick County, on the birth of her son  
Marie Moore, BFPC, Sedgwick County, on the birth of her son

### **We say goodbye to these WIC friends:**

Barton County, Brenda Guerra, Clerk  
Douglas County, Olimpia Tyner, Clerk  
Gove County, Susan Kent, RN  
Kingman County, Rosemary Boswell, Clerk  
Ottawa County, Sandy Cline, RN

Saline County, Yvonne DeWitt, Clerk  
Saline County, Sheila Kjellberg, BFPC  
Sedgwick County, Camille Cohen, Clerk  
Sedgwick County, Katherine Ruyle, RD  
Sedgwick County, Gail Keller-Cox, Clerk



Growing healthy Kansas families



Our Mission: To protect and improve the health and environment of all Kansans.

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